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UNITED STATES PATENT AND TRADEMARK OFFICE
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Bib Data Sheet

CONFIRMATION NO. 1647

| | | | | | |
|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/708,362 | FILING DATE 11/07/2000 RULE | CLASS 040 345 | GROUP ART UNIT 2674 2674 | ATTORNEY DOCKET NO. 10003281-1 | |
| APPLICANTS David J. Luman, Meridian, ID; Samuel A. Johnson, Eagle, ID; Thomas Camis, Boise, ID; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/08/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials | | STATE OR COUNTRY ID | SHEETS DRAWING 12 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 4 |
| ADDRESS 022879 | | | | | |
| TITLE Electronic display devices and methods | | | | | |
| FILING FEE RECEIVED 920 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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|--|---|--------------------------------|---|--|
| SERIAL NUMBER 09/708,362 | FILING DATE 11/07/2000 RULE | CLASS 040 | GROUP ART UNIT 3628 | ATTORNEY DOCKET NO. 10003281-1 |
| APPLICANTS David J. Luman, Meridian, ID; Samuel A. Johnson, Eagle, ID; Thomas Camis, Boise, ID; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/08/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY ID | SHEETS DRAWING 12 | TOTAL CLAIMS 20 |
| Verified and Acknowledged _____ Examiner's Signature Initials | | INDEPENDENT CLAIMS 4 | | |
| ADDRESS 022879 | | | | |
| TITLE Hand-held electronic display devices and methods | | | | |
| FILING FEE RECEIVED 920 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |